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AUTHOR Gass, Carlton S.
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ABSTRACT

While the role of values in psychotherapy has received increasing attention, little attention has focused on value congruence between client and therapist. To examine the relationship of specific religious beliefs and values to psychotherapy and mental health, 100 orthodox Christian and 104 nonorthodox and non-Christian college students completed a 51-item Likert-type values survey. Analysis of results showed that the orthodox Christians possessed a distinctive set of values relating to the goals and procedures of psychotherapy and the preferred means of coping with emotional distress. Orthodox Christians typically favored the use of prayer and biblical teaching in the psychotherapy context. Prayer and faith were identified by this group as important sources of emotional well-being and useful strategies for alleviating psychological disturbance. They expressed considerable concern over the religious beliefs of a prospective therapist and preferred a pastoral counselor or Christian psychologist. However, they were not less inclined to seek professional assistance in more general terms. (The values survey is appended). (JAC)

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Religious Values Related to Psychotherapy and Mental Health

Carlton S. Gass

University of Louisville

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Running Head: Religious Values

Abstract

The role of values in psychotherapy has received increasing attention in recent years. Previous research suggests that the values of orthodox Christian individuals influence their selection of a psychotherapist, and may exert a significant impact on the outcome of psychotherapy. In the present study, a values survey was administered to orthodox Christian and non-Christian undergraduates in order to measure specific beliefs and values related to psychotherapy and mental health. Orthodox Christian subjects were found to have a rather distinctive set of values relating to the goals and procedures of psychotherapy, and the preferred means of coping with emotional distress. Some therapeutic implications are discussed.

The importance of values for psychotherapy has been recognized by the mental health profession for over two decades. Previous beliefs in therapist neutrality and value-free psychotherapy have largely been abandoned in the face of amassing data suggesting that the values of a therapist affect both the goals and the process of psychotherapy (Kessel & McBrearty, 1967; Parloff, Waskow, & Wolfe, 1978). Several investigators have speculated that client-therapist value similarity may be conducive to a positive outcome in psychotherapy (Bergin, 1980; Goldstein, 1971; Strupp, 1971). Research to date indicates that, in general, perceived similarity fosters interpersonal attraction which may be of importance therapeutically (Goldstein, 1966). Although the prognostic relevance of client-therapist similarity has been explored with respect to certain personality dimensions, little attention has been focused on the question of value congruence.

Many clinicians intuitively recognize the advantanges in treating clients who share their basic values and outlook on life. Such clients are more likely to progress in therapy for several reasons. Glad (1959) noted that empathy and acceptance are more clearly communicated by therapists who share their clients' basic philosophy of life. Characterizing the therapeutic relationship as "an intermingling of two value

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The author is indebted to Richard L. Blanton and the late Jum C. Nunnally of Vanderbilt University for their helpful assistance in this study.

systems", he suggested that improvement is related to certain dyadic characteristics such as the sharing of similar meanings, value understandings, and the development of mutual acceptance. Similarly, the therapeutic benefits attributable to a common world-view was emphasized by Hobbs (1962) and Weisskopf-Joelson (1953). As Truax and Wargo (1966) observed, being attuned to the client's Weltanschauung and language style may be a prerequisite to a therapist's effective communication of empathy, genuineness, and acceptance of a client.

Religious values may sometimes play an important role in psychotherapy (Bergin, 1982; Bolt, 1975; Haugen & Edwards, 1976). In one of the few studies addressing the issue of religious value similarity, Rosenbaum, Friedlander, and Kaplan (1956) found that patients who were most orthodox in their religious faith were least likely to benefit from psychotherapy. It was suggested that the lack of improvement in these patients may have been related to the disparity of values between the patients and their therapists. In a related study, Dougherty and Worthington (1982) reported a reluctance among orthodox Christians to seek conventional psychological services, and a preference for therapists whose therapeutic orientations are congruent with their religious beliefs. Although the religious factor was considered important in both of these studies, neither study elucidated the more specific beliefs, attitudes, and values associated with religious commitment which might explain their findings.

The present study sought to explicate some beliefs and values related to psychotherapy and mental health which are associated with

orthodox Christian commitment.

Method

Subjects

Subjects were 100 orthodox Christian and 104 nonorthcdox and non-Christian undergraduates at Vanderbilt University who responded by campus mail from amongst 400 recipients of a values survey. In order to insure adequate representation from the orthodox Christian population, 70 surveys were distributed to participants of a conservative Christian organizational meeting on campus, while the remaining 330 surveys were were distributed randomly among the general undergraduate population through the campus mail.

Instruments

The values survey is a 51-item likert-type instrument constructed by the author for the purpose of measuring beliefs and values related to psychotherapy and mental health (Appendix A). In order to be sensitive to relevant aspects of a Christian world-view, items of a religious nature were included. The survey consists of 7 items previously employed by Glock and Stark (1968) to measure orthodoxy of Christian beliefs and practices. Operationally, 100 orthodox Christians were distinguished from the remaining 104 subjects on the basis of their responses to these items, which refer to a belief in a personal God, Christ's divinity, the virgin birth, inspired Scripture, life after death, and participation in prayer and religious activities. The remaining 44 items measure beliefs regarding various sources of

personal influence, perceived determinants of emotional well-being, preferred means of coping with emotional conflict, and preferred therapist characteristics and therapeutic procedures.

Results

The survey data were factor analyzed in order to determine whether a smaller number of reference variables could account for the obtained results. A principle components analysis and varimax rotation of the reference axes yielded ten orthogonal factors (Appendix B). Differences between the two subject samples across the factors were examined using t tests (Appendix C).

Significant differences emerged across several factors. Orthodox Christians scored significantly higher than other subjects on the first factor, which included items of an exclusively religious nature ($t = 16.45$, $p < .001$). An analysis of the items revealed that orthodox Christian subjects typically favored the use of prayer and biblical teaching in the psychotherapy context. Prayer and religious faith were identified by this group as important sources of emotional well-being, and as useful strategies for alleviating psychological disturbance. Consistent with the findings of Dougherty and Worthington (1982), the orthodox Christian subjects expressed considerable concern regarding the religious beliefs of a prospective therapist, and preferred a pastoral counselor or "Christian psychologist" to a conventional service provider when seeking psychological assistance.

Interestingly, although the Christians in the study were

more inclined to seek the professional services of a Christian counselor or therapist, they were no less inclined to seek in more general terms professional assistance for emotional problems (factor 3). Nor did the groups differ in their openness to seek non-professional assistance from a friend (factor 9). In terms of perceived determinants of emotional well-being, the groups did not differ in their ratings of the psychological importance of childhood experience (factor 2) or emotional rapport (factor 5; e.g., expression of feelings, importance of therapist warmth).

Christian subjects scored lower than other subjects on items which appear to measure self-reliance (factor 7; e.g., the importance of will power, independent thinking) ($t = 4.55$, $p < .001$). In contrast, these individuals attributed greater importance to the influence of God, emphasizing the role of transcendent faith over self-determination. Similarly, their perception of the Bible as an important life influence reflects a perceived dependency on divine rather than self-guidance.

If the orthodox Christians were found to be less self-reliant, they also scored lower on a measure of social-practical conformity (factor 6, $t = 2.19$, $p < .05$). That is, they perceived societal influence, physical health, and responsible behavior to be of less importance than did other subjects. This finding is probably due to their perceived conformity to ideals and sanctions of a religious rather than societal nature. Seemingly conceptualizing mental health from a religious perspective, greater importance was attributed to such variables as

prayer, faith, and Bible reading.

Conclusion

The present findings support the notion that orthodox Christians possess a rather distinctive set of beliefs and values of relevance to psychotherapy and the meaning attributed to mental health. These specific beliefs and preferences (values) help to clarify the reason many fundamentalist or evangelical Christians prefer religious rather than conventional mental health services. Moreover, they may account for some of the difficulties which emerge in the therapy context when the religious concerns of a client are inadequately addressed by psychotherapists of a different value orientation (Allport, 1963; Bergin, 1980). Recent recognition of this problem has led several investigators to call for a more innovative philosophy of behavior change that is applicable to a broader range of human experience, including the religious-spiritual dimension (Bergin, 1980, 1982; Strong, 1982).

Further research in this area may overcome several limitations inherent in the present study by using a more representative clinical sample, controlling for a socially desirable response style, and utilizing bipolar items in semantic differential format. Systematic explorations of the psychotherapeutic process with mixed (religious/non-religious) dyads would be particularly useful in explicating the problem of discrepant value systems. Additional investigations seem warranted if Bergin (1982) was correct in his assertion that the conventional or secular psychotherapeutic approaches ignore many of the beliefs and practices of a vast portion of the population.

It is hoped that rather than ignoring these beliefs and values, psychotherapists from diverse backgrounds can enhance their own sensitivity to these important features, and further utilize this information to the therapeutic advantage of their religious clientele.

APPENDIX A

VALUES SURVEY

1. Which of the following statements best corresponds with your own personal religious beliefs?

____ I do not believe that God exists.

____ I am agnostic: I am unsure whether God exists.

____ I believe in some sort of higer power though not necessarily personal.

____ I believe in a personal God.

2. Which of the following statements best corresponds with your view of Jesus?

____ Frankly, I'm not entirely sure that there was such a person as Jesus.

____ I think that Jesus was only a man, although an extra-ordinary one.

____ I feel that Jesus was a great man and very holy, but I don't believe him to be the Son of God any more than all of us are children of God.

____ While I have some doubts, I basically feel that Jesus is Divine.

____ Jesus is the Divine Son of God and I have no doubts about it.

Indicate your reaction to the following statements by circling the appropriate response (1=completely disagree, 7=completely agree):

3. Jesus was born of a virgin.	1	2	3	4	5	6	7
4. The Bible is the inspired Word of God.	1	2	3	4	5	6	7
5. There is a life after death in which one receives rewards or punishments.	1	2	3	4	5	6	7

6. How often, if ever, do you attend church or other religious activities?

____never

____several times a year

____about once a month

____several times a month

____about once a week

____several times a week

____everyday

7. How often do you pray privately?

____rarely or never

____once in a while

____several times a week

____about once a day

____more than once a day

To what extent do you believe your life to be influenced by the following (1=Not at all, 7=Almost Totally)

8. heredity	1	2	3	4	5	6	7
9. childhood experiences	1	2	3	4	5	6	7
10. the environment	1	2	3	4	5	6	7
11. will power	1	2	3	4	5	6	7
12. God	1	2	3	4	5	6	7
13. luck	1	2	3	4	5	6	7

Respond to the following: (1=Completely disagree, 7=Completely agree):

14. There is purpose behind human suffering.	1	2	3	4	5	6	7
15. life has ultimate meaning and purpose.	1	2	3	4	5	6	7

16. I have experienced Divine guidance. 1 2 3 4 5 6 7

17. I have a special mission in life. 1 2 3 4 5 6 7

To what extent do you believe your life to be influenced by the following (1-Not at all, 7-Almost totally):

18. my parents 1 2 3 4 5 6 7

19. the Bible 1 2 3 4 5 6 7

20. independent thinking 1 2 3 4 5 6 7

21. society 1 2 3 4 5 6 7

22. What is your greatest desire in life?

23. What experiences give you a feeling of completeness or of great self-fulfillment?

To what extent are your life's choices, decisions, and activities influenced by each of the following? (1=Not at all, 7 = Almost totally):

24. my desire to please myself. 1 2 3 4 5 6 7

25. my desire to please others. 1 2 3 4 5 6 7

26. my desire to please God. 1 2 3 4 5 6 7

27. Biblical teachings. 1 2 3 4 5 6 7

28. Based upon your own daily experiences, what portion of your life would you say is closely intertwined with your own religious faith?

____none, I have no religious faith.

____very little

____some

____a good deal

____most

29. Which of the following gives your life the most meaning?

____pleasurable experiences

____close, intimate relationships

____special accomplishments and achievements

____having a personal relationship with God

In your opinion, how important are the following in regard to human mental health? (1=Totally unimportant, 7=Totally important):

30.	good physical health	1	2	3	4	5	6	7
31.	responsible behavior	1	2	3	4	5	6	7
32.	faith in a personal God	1	2	3	4	5	6	7
33.	expression of emotions	1	2	3	4	5	6	7
34.	prayer	1	2	3	4	5	6	7
35.	a happy childhood	1	2	3	4	5	6	7

Emotional problems can best be dealt with through (1=Completely disagree, 7=Completely agree)

36.	seeking the help of a close firend.	1	2	3	4	5	6	7
37.	consistent prayer & meditation	1	2	3	4	5	6	7
38.	seeking professional help.	1	2	3	4	5	6	7

Indicate whether or not you would favor a psychologist using the following in therapy with you (1=Extremely unfavorable, 7=Extremely favorable):

39.	the Bible	1	2	3	4	5	6	7
40.	prayer sessions	1	2	3	4	5	6	7

In seeking professional psychological aid, what characteristics would you look for in a counselor, psychologits, or psychiatrist? (1=Extremely unimportant, 7=Extremely important):

41.	educational background	1	2	3	4	5	6	7
42.	personal warmth	1	2	3	4	5	6	7
43.	religious beliefs	1	2	3	4	5	6	7

If you were faced with serious emotional problems who would you most likely consult?(1=Completely disagree, 7=Completely agree):

44.	a friend	1	2	3	4	5	6	7
45.	a pastor	1	2	3	4	5	6	7
46.	a psychologist	1	2	3	4	5	6	7
47.	a Christian psychologist	1	2	3	4	5	6	7
48.	a psychiatrist	1	2	3	4	5	6	7

49. How often, if ever, do you view your own personal problems from a religious perspective, seeking religious answers?

____never ____seldom ____sometimes ____usually ____almost always

50. How many psychology courses have you taken? _____

51. How familiar are you with the area of psychological counseling? (1=Totally unfamiliar, 7=Very familiar)

1 2 3 4 5 6 7

Thank you for completing this questionnaire. Please return this copy through the campus mail as soon as possible. If you are interested in finding out more about the purpose of this research and the obtained results, fill in your box number and the information will be sent to you. P.O. BOX_____

APPENDIX B

EXTRACTED FACTORS

Factor 1: Religious Values

Item #	Factor Loading	Item Meaning
12	.928	Perceived influence of God
16	.914	Experience Divine guidance
49	.904	View problems from religious perspective
40	.904	Advocates using prayer in therapy
39	.901	Advocates using Bible in therapy
7	.900	Prayer frequency
26	.899	Primary motivation: to please God
34	.880	Prayer as a mental health factor
43	.873	Religious beliefs as therapist attribute
19	.877	Bible as important life influence
28	.863	Existential relevance of religious faith
17	.858	Experience of mission in life
5	.847	Belief in rewards/punishment after death
27	.847	Primary motivation: obey Bible
32	.847	Faith as a mental health factor
37	.834	Use prayer to resolve emotional problems
45	.759	Pastor as preferred counselor
47	.639	Christian therapist as preferred counselor

Factor 2: Importance of Childhood

9	.747	Perceived influence of early experience
18	.689	Parents as important life influence
8	.631	Perceived influence of heredity

Factor 3: Professional Services

46	.829	Psychologist as preferred counselor
48	.826	Psychiatrist as preferred counselor
38	.732	Professional help for emotional problems
47	.459	Christian therapist as preferred counselor

Factor 4: Counseling Knowledge

50	.855	Number of psychology courses taken
51	.789	Familiarity with psychological counseling

Factor 5: Emotional Rapport

33	.729	Emotional expression as a mental health factor
35	.529	Childhood experience as a mental health factor
42	.718	Warmth as important therapist attribute

Item #	Factor Loading	Item Meaning
Factor 6: Conformity: Social-Practical		
21	.450	Society as important life influence
30	.681	Physical health as mental health factor
31	.781	Responsible behavior as mental health factor
Factor 7: Self-reliance		
11	.816	Will power as important life influence
13	.534	Luck as an important life influence
20	.459	Independent thinking as important life influence
Factor 8: Others Orientation		
21	.436	Society as an important life influence
25	.805	Primary motivation: to please others
Factor 9: Non-Professional Aid		
36	.724	Seeking friend to resolve emotional conflict
44	.756	Most likely problem consultant: friend
Factor 10: Therapist Education		
41	.606	Education as an important therapist quality

APPENDIX C

GROUP DIFFERENCES AMONG THE FACTORS

Factor 1: Religious Values

	Mean	Standard Deviation
Religious (n=100)	6.15	1.00
Non-religious (n=104)	2.86	1.78
t= 16.45	p < .001	

Factor 2: Importance of Childhood

Religious	3.90	.788
Non-religious	4.07	.841
	n.s.	

Factor 3: Professional Services

Religious	4.31	1.50
Non-religious	4.28	1.62
	n.s.	

Factor 4: Counseling Knowledge

Religious	2.83	1.69
Non-religious	2.97	1.81
	n.s.	

Factor 5: Emotional Rapport

Religious	5.67	1.03
Non-religious	5.82	1.00
	n.s.	

Factor 6: Conformity (Social-Practical)

Religious	4.72	1.05
Non-religious	5.02	.97
t= 2.19	p < .05	

Factor 7: Self-Reliance

Religious	3.13	.91
Non-religious	3.72	.94
t= 4.55	p < .001	

	Mean	Standard Deviation
Factor 8: Others Orientation		
Religious	3.55	.83
Non-religious	3.78	.86
	n.s.	
Factor 9: Non-Professional Aid		
Religious	5.76	.99
Non-religious	5.86	.99
	n.s.	
Factor 10: Therapist Education		
Religious	5.56	1.28
Non-religious	5.70	1.16
	n.s.	

References

Allport, G. W. (1963) Behavioral science, religion, and mental health. Journal of Religion and Health.

Bergin, A. E. (1980) Psychotherapy and religious values. Journal of Consulting & Clinical Psychology, 48, 95-105.

Bergin, A. E. (1981) The search for a psychotherapy of value. Journal of Psychotherapy, Amsterdam, 7.

Bolt, M. (1975) Purpose in life and religious orientation. Journal of Psychology and Theology, Spring.

Dougherty, S. G., & Worthington, E. L. (1982) Preferences of conservative and moderate Christians for four Christian counselors' treatment plans for a troubled client. Paper presented to the American Psychological Association, Washington, D.C. on Aug. 25, 1982.

Glad, D. D. (1959) Operational values in psychotherapy. New York: Oxford University Press.

Glock, C. Y., & Stark, R. (1968) American piety: The nature of religious commitment. Berkely: University of California Press.

Goldstein, A. P. (1971) Psychotherapeutic attraction. New York: Pergamon Press.

Goldstein, A. P. (1966) Psychotherapy research by extrapolation from social psychology. Journal of Counseling Psychology, 13, 38-45.

Haugen, C. D., & Edwards, K. J. (1976) Religious values and their effects on the perception of a therapist in a psychotherapy analogue. Journal of Psychology and Theology, 4, 160-167.

Kessel, P., & McBrearty, J. F. (1967) Values and psychotherapy: A review of the literature. Perceptual and Motor Skills, 25, 669-690.

Parloff, M. B., Waskow, I. E., & Wolfe, B. E. (1978) Research on therapist variables in relation to process and outcome. In S. Garfield and A. Bergin (Eds.), Handbook of Psychotherapy and Behavior Change, Wiley & Sons.

Rosenbaum, M., Friedlander, J., & Kaplan, S. M. (1956) Evaluation of results in psychotherapy. Psychosomatic Medicine, 18, 113-132.

Strong, S. R. (1982) Christian psychotherapy. Paper presented to the American Psychological Association, Washington, D.C., Aug. 26, 1982.

Strupp, H. H. (1971) Psychotherapy and the modification of abnormal behavior. McGraw-Hill Book Company.

Truax, C. B., & Wargo, D. G. (1966) Psychotherapeutic encounters that change behavior: For better or for worse. American Journal of Psychotherapy, 20, 499-520.

Weisskopf-Joelson, E. (1953) Some suggestions concerning weltanschauung and psychotherapy. Journal of Abnormal and Social Psychology, 48, 601-604.